

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS	
County	<u>Linn</u>	Registration District No.	<u>496</u>	CERTIFICATE OF DEATH
Township	<u>Brookfield</u>	Primary Registration District No.	<u>5660</u>	23512 22042
Village		Registered No.	<u>68</u>	
City		(NO. St. Ward)		
FULL NAME			Rex Burch.	
PERSONAL AND STATISTICAL PARTICULARS				
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)		
<u>Male</u>	<u>white</u>	<u>Married</u>		
DATE OF BIRTH				
<u>June 30, 1888</u>				
(Month) (Day) (Year)				
AGE		IF LESS than 1 day, hrs. or min.?		
<u>24 yrs. 4 mos. 4 ds.</u>				
OCCUPATION				
(a) Trade, profession, or particular kind of work		<u>Farmer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		<u>General Farming and stock raising</u>		
BIRTHPLACE				
(City or town, State or foreign country)		<u>Near Wheeling, Linn County Mo.</u>		
PARENTS	NAME OF FATHER	<u>James W. Burch</u>		
	BIRTHPLACE OF FATHER	<u>Oakland City Ind.</u>		
	MAIDEN NAME OF MOTHER	<u>Sarah Jane Prather</u>		
	BIRTHPLACE OF MOTHER	<u>Mead, Meadville, Linn County Mo.</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>R. B. Burch</u>				
(Address) <u>Brookfield Mo.</u>				
Filed <u>July 5, 1912</u> <u>H. W. Prather</u> REGISTRAR				
MEDICAL CERTIFICATE OF DEATH				
DATE OF DEATH				
<u>July 4, 1912</u>				
(Month) (Day) (Year)				
I HEREBY CERTIFY, that I attended deceased from <u>May 17th</u> , 1912, to <u>July 4</u> , 1912,				
that I last saw him alive on <u>July 4th</u> , 1912,				
and that death occurred, on the date stated above, at <u>3.9</u> a.m.				
The CAUSE OF DEATH* was as follows:				
<u>Brain Tumor</u>				
<u>54D</u>				
<u>75B</u>				
Symptoms appeared about <u>May 1/12</u>				
(Duration) yrs. mos. ds.				
Contributory <u>Acute Encephalitis</u>				
(SECONDARY) (Duration) yrs. mos. ds.				
<u>6</u> (Signed) <u>J. D. Evans</u> M. D.				
July 5, 1912 (Address) <u>Brookfield Mo.</u>				
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.				
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
At place of death yrs. mos. ds. In the State yrs. mos. ds.				
Where was disease contracted If not at place of death?				
Former or usual residence.				
PLACE OF BURIAL OR REMOVAL <u>Brookfield Mo.</u> DATE OF BURIAL <u>July 6, 1912</u>				
UNDERTAKER <u>W. L. Creek</u> ADDRESS <u>Brookfield Mo.</u>				

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH	
County <u>Linn</u>		BUREAU OF VITAL STATISTICS	
Township <u>Brookfield</u>		CERTIFICATE OF DEATH	
Registration District No. <u>496</u>		File No. <u>235/2</u>	
Primary Registration District No. <u>5660</u>		Registered No. <u>68</u>	
City _____ (NO. _____)		St. _____ Ward _____	
FULL NAME <u>Ray Burch</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	DATE OF DEATH <u>July 4</u> , 191 <u>2</u> (Month) (Day) (Year)	
SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (If write the word)		I HEREBY CERTIFY, that I attended deceased from <u>May 11</u> , 191 <u>2</u> , to <u>July 4</u> , 191 <u>2</u> , that I last saw him alive on <u>July 4</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>3a</u> , m.	
DATE OF BIRTH <u>June 30</u> , 188 <u>8</u> (Month) (Day) (Year)		The CAUSE OF DEATH* was as follows: <u>Brain Tumor or</u> <u>Possibly Deep Seated Abscess</u> <u>Non Malignant if tumor</u> <u>Symptoms first appeared about May 1/1912</u> ds.	
AGE <u>24</u> yrs. <u>4</u> mos. <u>4</u> ds.	IF LESS than 1 day, _____ hrs. or _____ mins.	Contributory <u>Acute Encephalitis</u> (SECONDARY) (Duration) _____ yrs. _____ mos. <u>2</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>General Farming & Stock Raising</u>		(Signed) <u>S. Evans</u> M. D. <u>July 5</u> , 191 <u>2</u> (Address) <u>Brookfield Mo.</u>	
BIRTHPLACE <u>near Wheeling</u> (City or town, State or foreign country) <u>Livingston Co. Mo</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <u>James W. Burch</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	BIRTHPLACE OF FATHER <u>Oakland City Ind.</u> (City or town, State or foreign country)	At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Sarah Jane Prather</u>	Where was disease contracted If not at place of death? _____	
	BIRTHPLACE OF MOTHER <u>near Meafville</u> (City or town, State or foreign country) <u>Lewis Co. Mo</u>	Former or usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. W. Burch</u> (ADDRESS) <u>Brookfield Mo.</u>		PLACE OF BURIAL OR REMOVAL <u>Brookfield Mo.</u>	
Filed <u>July 5</u> , 191 <u>2</u> <u>W. H. Pratt</u> REGISTRAR		DATE OF BURIAL <u>July 6</u> , 191 <u>2</u>	
Original file, date <u>JUL</u> , 19 <u>12</u>		ADDRESS <u>Brookfield</u>	

All information called for must be written on this Supplementary Certificate

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
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